

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018774

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 126

FILED MAY 28 1962

VS 300
Rev. 4/59

1 0420

2 0190

3

4 1

5 2

6

7 0

8 1

9 170X

10

11

12 2-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clinton

Length of stay 4 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Wetzel

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Boonville

Inside Limits
Yes ☒ No ☐

c. CITY OR TOWN

Boonville

d. STREET ADDRESS

(If outside, give location)

Missouri

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Maude

Middle

Eva

Last

Fickle

4. DATE OF DEATH

Month

5

Day

21

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-29-1909

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Telephone Operator

11. BIRTHPLACE (City and state or country)

Boonville Mo. - Can.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Henry Norman Reitz

13b. MOTHER'S MAIDEN NAME

Lucy Frances Lane

14. NAME OF HUSBAND OR WIFE

X

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)17. INFORMANT
Address

Beatrice Westendorff - Boonville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatous

INTERVAL BETWEEN ONSET AND DEATH

1 wk.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

prim. Ca of Breast

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-18-62 to date and last saw him alive on 5-21-62
Death occurred at 5:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. Wetzel, M.D.

22b. ADDRESS

Clinton Mo.

22c. DATE SIGNED

5-24-62

23a. BURIAL, CREMATION, or other disposition (Specify)

23b. DATE

24 May 62

23c. NAME OF CEMETERY OR CREMATORY

Mullins Cemetery

23d. LOCATION (City, town, or county)

Near Rich Henry Mo

(State)

24. FUNERAL DIRECTOR

W. J. Brown

ADDRESS

Rich Henry Mo

25. DATE RECD. BY LOCAL REG.

May 24, 1962

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 5 1962
MAR 29 1963

JUL 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene R. Conovalue

Licensed Embalmer No. 4680

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Renewed 5-24-62 W.G.F.N.